

MOUNTAINS RECREATION AND CONSERVATION AUTHORITY HIKE CONSENT FORM

Participants agree to abide by rules of conduct as explained by leader. Outings are often carried out in an environment possessing risks not normally found in daily life and medical assistance may be some distance away. By joining this outing, you accept these facts. It is your responsibility to know your medical condition, hiking ability and to wear and bring proper equipments. Observe all safety precautions. Ask about anything that is unclear. Notify leader or assistant and sign out if you must leave the group.

NAME OF OUTING: _____ DATE: _____ LEADER: _____

Name (one name per line)					Initial if leaving group		
Address				City		State	Zip
Phone	()		E-mail			Car License No.	
Do you wish to be on our mailing list?	Y / N	E-mail list?	Y / N	Learning more about	being a volunteer?	Y / N	

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